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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Bates et al.

Atty. Docket No.: PA-5335-RFB

Customer No.: 9896

Title: COATED MEDICAL DEVICE

MAIL STOP PATENT APPLICATION

COMMISSIONER FOR PATENTS

P.O. Box 1450

ALEXANDRIA, VA 22313-1450

SIR:

Please make of record the following papers relating to the above-named application:

Application Data Sheet (4 pages)

Specification (44 pages)

Drawings (5 sheets)

CLAIMS AS FILED

	No. Filed	No. Allowed	No. Extra	Rate	Basic Filing Fee
					\$750.00
Total No. of Claims	20	- 20	= 0	x \$18	= \$ 0.00
Independent Claims	3	- 3	= 0	x \$84	= \$ 0.00
Multiple Dependent Claim(s), if applicable				+ \$270	= N/A
				TOTAL FEE:	\$750.00

Please file the application and charge our Deposit Account No. 13-2528, in the amount of \$750.00 to cover the filing fee. In the event of improper payment of a required fee, the Commissioner is authorized to charge or to credit Deposit Account No. 13-2528 as required to correct the error.

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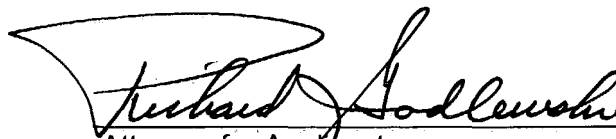
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Respectfully,

Date:

July 14, 2003

Tel. No.: (812) 330-1824

A handwritten signature in black ink, appearing to read "Richard J. Godlewski", written over a horizontal line.

Attorney for Applicant
Richard J. Godlewski
Reg. No. 30,056